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DEEP ACTS

Developing Emotional Education Pathways and Art Centred Therapy Services against gender violence

Deliverable D3. 1

RESEARCH ON ART THERAPY AND ART AS THERAPY

***Art therapy practices and methodologies used in
the treatment of victims of abuse and violence***

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1 - HISTORY OF ART THERAPY

Although art therapy, in the commonly accepted sense, is considered a contemporary practice, we can actually see how art has been used since the beginning of human history as a privileged means of communicating thoughts and ideas.

The oldest rock painting was found in the cave of El Castillo in Cantabria, Spain, and dates back more than 40,000 years.

Although researchers are unsure of the exact purpose of cave drawings, it has been theorized that they were probably part of religious ceremonies and were intended to address moral issues.

Of course, it was the new nineteenth-century sciences and, in particular, the nascent psychological discipline that became interested in art as a privileged field of the expression of hidden emotions (Kandell).

We can trace the origins of Art therapy already from the first half of the nineteenth century, when artistic activity began to be used in psychiatric hospitals as an occupational therapy and also as a means of investigation and study of psychopathological situations.

It was thanks to the work and significant contribution of **Sigmund Freud** (1856–1939), however, that the artistic activity began to be considered not only for its aesthetic result or for the pathological traces present in it, but also for the therapeutic effect inherent in this activity.

According to Freud, in fact, the inner life of the author and the artistic object were in direct relationship and through art, in a more or less conscious way, the person could express desires of an erotic and / or aggressive nature.

From this moment on, the expressive activities of psychotic subjects are seen with different eyes by psychiatrists and psychologists and were also used for their therapeutic value and for their intrinsic communication possibilities.

This vision would also be carried by **Anna Freud** (1895-1982), who in her work as a child psychoanalyst made extensive use of the artistic and creative expression of children with excellent results.

Another important forerunner in this field was **Hans Prinzhorn** (1886–1933) psychiatrist and psychotherapist at the Institute of Psychiatry at the University of Heidelberg, who, having sensed the link between schizophrenia and creativity, theorized new and revolutionary approaches which included play and artistic expression as a means of approaching psychic distress.

In his book *"The Image of the Mentally Ill"* he highlighted how some patients, despite an objective ignorance of art techniques and history, demonstrated a remarkable aesthetic sense, that is, an emotional richness that mental illness prevented from communicating verbally.

Ernst Kris (1900–1957), psychoanalyst and art historian who was interested in the relationship between mythological themes, creative imagination and works, also highlighted the psychic bonds that united these different fields.

For Kris, artistic activity enhanced emotional work, conveying aware and unconscious psychological content; therefore, it became important that a professional figure who worked with the patient would establish a meaningful relationship based on empathy.

Kris can be considered a forerunner of what will be the figure of the art therapist who works with the patient trying to find the means necessary for him to be able to express himself beyond his verbal possibilities.

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Among the pioneers of what will become the work of the art therapist, we also note **Friedl Dicker Brandeis** (1898-1944).

Born in Vienna in 1898, during her artistic studies she met exceptional art masters such as Franz Cizek.

Friedl decided to pursue her studies at the Bauhaus, a place which also promoted democratic ideals and social justice.

She specialized in the field of textile art and photography and met exceptional teachers who would become leading figures in European culture of those times such as Klee, Kandinsky, Gropius.

After finishing her studies she engaged in a staunch opposition to the spread of growing Nazism in Europe.

She returned to Vienna and began collaborating with the Communist Party, engaging in clandestine political activity that led to her being arrested and subjected to violent interrogations and several months of imprisonment.

In 1934 she emigrated to Prague and, in a Europe invaded by Nazism, became an art teacher for the children of the ghetto of the city, where she was able to observe how her young students used art to cope with the discrimination and abuse experienced every day and for the elaboration of the traumas, bereavements and violence that many of them were subjected to.

In 1942 Friedl was deported to the Terezin transit camp.

In Terezin, with its artistic workshops, Friedl aimed to rebalance the emotional world of children, devastated by events, through an important work of cataloguing drawings, dating them and noting on each one the name and age of the author.

Friedl Dicker Brandeis was then transferred to Auschwitz and killed in the gas chambers on October 9, 1944.

The children's drawings made in Terezin are currently kept at the Jewish Museum in Prague.

One of the central figures of this growing movement in the United States was **Margaret Naumburg**. Naumburg was born in New York City on May 14, 1890, continuing her undergraduate studies at Columbia University.

She studied in Europe where, in Rome, she met the educational innovator Maria Montessori. Part of Montessori's educational philosophy argues that children learn more and more effectively when they are allowed to explore ideas on their own rather than simply receiving information.

Naumburg, struck by Montessori's theories, returned to the United States and in 1915 opened the Walden School in New York City with the educational intent of allowing children to develop their own ideas and interests.

In the 1930s she began to develop art therapy programs for psychiatric patients. Naumburg's work was based on the idea of using art to free the unconscious by encouraging free association.

Thanks also to the contribution of all these pioneers, it is around the 1940s that the therapeutic use of art is defined and developed in a distinct discipline, what we know as art therapy.

Robert Volmat (1920-1998) was several times president of the Society of Expression Psychopathology and wrote, in 1955 "Art psychopathologique", the first complete manual of psychopathology of art.

In Britain, great impetus was given to this methodology by **Susan Bach** (1902-1995), who discovered how patients with specific mental illnesses had recurrent colors, symbols, and images in their artworks, and from this

observation theorized that drawing could be an aid to the diagnosis, treatment, and early prognosis of mental illness.

It is also important to remember the atelier conducted by **Arno Stern** in France in the 1950s: what made it innovative was not only the care with which he recognized the different artistic predispositions of patients (often children), but above all the possibility that he gave them to be able to talk about the work done.

Adrian Hill's work was expanded by artist **Edward Adamson** (1911–1996) with whom he collaborated long-term to present this new therapy to British patients in psychiatric hospitals, starting at Netherne Hospital in Surrey.

Adamson also distinguished himself by having sensed the importance of private studio sessions. Over the course of his career, Adamson collected over 100,000 works of art made by patients and organized their first exhibitions in order to foster a greater understanding of the creativity and contributions of the mentally ill by sharing the fruits of their work with the general public.

Only 6,000 pieces remain and many are on display at the Wellcome Library.

The first documented cases of art therapy in psychiatric hospitals occurred in the 1940s at St. Elizabeth's Hospital in Washington, DC. During World War II, art therapy proved to be an important tool in the treatment of soldiers, who were able to better deal with their trauma when they could create images expressing their inner feelings.

It soon became clear the importance of researching artistic therapy.

1.1 ART THERAPY IN AMERICA

In 1961 Elinor Ulman founded the **American Journal of Art Therapy**, previously known as the Bulletin of Art Therapy.

A few years later, the **American Art Therapy Association** (AATA) was founded in 1969. The main objective of the association was to provide adequate academic and alternative education to art therapists; within ten years this association already registered about 2,000 members.

Currently in America art therapy is widely applied both in the clinical and hospital field, as well as a wide use in prevention and situations of difficulty or disadvantage.

Not only doctors and insiders became interested, but several artists also showed a growing interest in the "art of the sick".

Jean Debuffet (1901–1985) was always fascinated by the works created by the patients of the asylums to the point of being inspired by them for the making of his own works.

From asylums and prisons **art brut** was born, the art of fools, promoted by men and women segregated from society whose interiority, for contingent issues, was the only world they had at their disposal.

Between the 1950s and 1960s Debuffet therefore held numerous retrospectives in Europe and America to illustrate not only his work, but also that of patients he deemed deserving.

Gradually, the figure of the therapist art emerges and evolves, as a subject able to help and allow the patient to analyse and interpret the artistic creation produced.

Surely a key figure in the rooting of art therapy as a new method of

treatment was **Edith Kramer**, a student of Friedl Dicker Brandeis; if the latter failed to publish her studies on the therapeutic aspects of the artistic activity aimed at childhood, it was Edith Kramer who carried out her project, dedicating her entire working life to it.

Kramer was born in Vienna in 1916. Of Jewish origin, at the age of 13 she attended private art classes with Friedl Dicker Brandeis and worked alongside her in the management of art workshops that welcomed children who had escaped Nazi persecution.

In 1938, to escape racial laws, she emigrated to New York where she worked as an art teacher with children and adolescents in the most disadvantaged neighborhoods and at institutions and centres of child neuropsychiatry, where she was able to structure her "artistic workshops" with therapeutic value.

Edith Kramer, coming from the art world, emphasized and highlighted in a particular way artistic expression, considering it the fulcrum of art therapy and arguing that "its healing virtues depend on those psychological processes that are activated in creative work".

She then turned all her attention to the creative process, considered in itself a therapeutic tool in her work as an art therapist.

It was precisely these convictions that led her, in 1976, to draw up a program for the teaching of art therapy which she held at New York University and to produce several publications, including multiple articles in psychology journals and three books including "Art as therapy in childhood", published in 1971, which summarizes all her experiences and which is translated into many languages.

At the heart of the theory she taught her pupils was the conception of art therapy as a third hand, which had the task of facilitating the patient to overcome his blocks. *"The third hand can be summarized as the ability of the art therapist to facilitate a person's artistic process."*

Contemporary art therapists include **Cathy Malchiodi** who is also a visual artist, research psychologist and author in the fields of art therapy and art in healthcare, known in particular for her books on the "healing arts" and for creating the International Organisation for Artistic Therapy in May 2009. She also co-founded Art Therapy Without Borders in April 2010.

1.2 ART THERAPY IN ITALY

In Italy in the early 1900s there was already interest in this sector from **Cesare Lombroso** (1835-1909), doctor and anthropologist, in particular in the context of the expressive manifestations of the mentally ill.

Starting from the second half of the twentieth century, in Italy, numerous international congresses and exhibitions of art produced by people with mental disorders are organized, with the consequent birth, in 1959, in Verona, of an international society with thousands of active members.

In the field of psychopathological and clinical research connected with artistic activity, there are various works, such as that of **Morselli**, who focused on the study of artistic works in schizophrenia patients and that of **Maccagnani**, who began his studies in 1957, focusing on the relationship between the surreal in art and schizophrenia, based on an experience carried out in an atelier in the psychiatric hospital of Imola.

This was one of the first works to highlight, in addition to the psychopathological and diagnostic interest, the psychotherapeutic value of art therapy.

In 1962 **Andreoli**, after studying graphic activity as an original communicative material, expressed his thought in three monographs:

- in the first he describes the different psychopathological expressions that emerge from creative activities;

- in the second he focuses his studies on the different processes of serial transformation, evident in the works of schizophrenics, insisting on the autonomy of graphic language "understood as a means of discovering original elements of personality";

- finally, in the third monograph, he states that creative time tends to exclude a study and analysis of mental pathology in clinical and scientific-experimental time. Thanks to artistic production, the subject would have the possibility of saving himself from his own neurosis by transforming his impulses into something objective and external to himself, avoiding the formation of internal symptoms.

Another psychiatrist ready to gather and elaborate the international ferment regarding art therapy and to give its application in the psychiatric hospital of Collegno, which he took over in 1968, was Dr. **Gustavo Gamna**.

In Rome in one of the pavilions of the Psychiatric Hospital of Santa Maria della Pietà, a Social Centre was born in 1979, managed by volunteers and cooperatives that tried to reintegrate the sick through creative activities such as painting, sculpture and theatre.

Creative expression, in its entirety of languages, will take on a decisive role to the point of involving the body as well, which becomes a means of this communication.

Meanwhile the "Art as Therapy" method, developed by Edith Kramer in her courses at N.Y. University, is proposed and reworked in Italy by Dr. **Raffaella Bortino** at her four-year training school in art therapy "Il Porto Adeg" of Turin, which has carried out pioneering activities in Italy starting from the 80s, in collaboration with New York University, creating a bridge between the Anglo-Saxon world and Italian and French clinical realities.

Her technique puts the patient's body at the centre of the sessions: what it tells the therapist in its relationship with the environment, art-therapeutic materials and the group of other patients.

In the 1980s, the need for more structured training of the art therapist began to be felt in Italy, so a number of schools were set up offering programmes which were different both in the guidelines and in the duration of the course.

Soon came the need, on the part of the pioneers of art therapy, to combine their resources and theoretical settings for the recognition of the art therapy profession.

In addition to art itself, people attending art therapy schools review notions of human development, major psychological theories, and all related disciplines that can help take care of their patients and develop treatments and skills for them.

1.3 ART THERAPY IN SPAIN

Art therapy began to take root in Spain from the late 1990s, mainly in Barcelona, where in 1999 the Spanish Association of Art therapy was founded.

In those years, several countries of the European Union, including Spain, united to create common criteria in art therapy training and founded the ECARTE platform (Aramburu, 2014).

As a result, during those years in Spain, various postgraduate courses were born in the academic field and also several training schools in art therapy and creative therapies, which could be accessed by professionals from different areas, such as the artistic, clinical and social fields with the aim of learning a new methodology for the care of people in discomfort or difficult situations through artistic experience (Bassols, 2006).

It is evident that art-therapy brings great benefits to patients, such as a greater capacity for expression of feelings, an increase in self-esteem and an improvement in self-image (García, 2018); these improvements are not only visible in people with psychopathological disorders, but there is a greater well-being of people's lives in general (González and Novoa, 2020).

Yet, due to Spain's difficult socio-economic situation, there is great difficulty in applying art therapy in centres and institutions and unfortunately, to date, this methodology in Spain is not yet as well established as in other countries (López, 2016). In fact, there are few publications on art therapy in Spanish and those that are are largely not by Spanish authors but by South American ones (González and Novoa, 2020).

In 2010 the Spanish Federation of Professional Artistic Therapy Associations (FEAPA) was founded: it is a social, non-profit organisation that unites the art therapists of the different autonomous communities of Spain to spread the work, cooperation and exchange in this field with other international associations (FEAPA, s.f.).

FEAPA conducts a number of activities such as:

- representation and participation before state and international organisations;
- develop criteria for training and accreditation plans;
- promote the legal regulation of the exercise of Art therapy and the defense of its members;
- organise and participate in conferences and research;
- develop action programmes;
- carry out joint projects with other associations;
- create spaces and devices in order to carry out the activities.

In addition to FEAPA, the ATE association is also worth mentioning in Spain. ATE is composed of art therapists and volunteers and its work is mainly focused on the disclosure and dissemination of art therapy through publications, research and training.

Finally, bodies and associations using art therapy in the therapeutic field are becoming widespread: various Spanish studies have shown the effectiveness of this approach when working with people with addictions (Aguado, 2019), with people with disabilities (Quintero, 2017), or even in the educational context (Ros Fernández, 2014).

Similarly, benefits were also found in the use of art therapy with traumatized patients, as in the case of women who have suffered abuse or violence.

This is due to the fact that such a methodology is versatile and not very invasive and therefore it is possible to treat trauma indirectly, both within a wider context such as the group as well as individually. In this context, in fact, improvements can be found regarding the ability to express emotions, the reconstruction and processing of trauma, the improvement of self-efficacy and self-esteem and reconnecting with the body (Jiménez, 2016).

1.4 ART THERAPY IN PORTUGAL

Art therapy in Portugal took its first steps in the second half of the 1990s and has progressively expanded its contexts of action and intervention, in particular thanks to the work of the Portuguese Society of Art-Therapy (SPAT), which since 1996 has been responsible for the training and certification of Art therapists and Art-Psychotherapists.

From a clinical point of view, SPAT addresses its intervention to diverse targets, such as psychiatric patients, institutionalized children, the elderly, people with dementia, young people with learning disabilities, prisoners, HIV patients and communities in need (Sociedade Portuguesa de Arte-Terapia [SPAT], 2020).

SPAT bases its interventions on its model, called Polymorphic Art-Therapy Model, conceptualized by Ruy de Carvalho, President, Scientific Coordinator and founder of the organisation (Portuguese Society of Art-Therapy [SPAT], 2020).

According to Carvalho (2005), through a single psychological current it would not be possible to explain art, since this is a phenomenon with many facets; the Polymorphic Model therefore includes two types of intervention: Art Therapy, where the focus is on creation and expression through art, as well as on learning through it, and Art-Psychotherapy, in which the psychotherapeutic relationship is particularly emphasized, as an agent of intuition, transformation and/or catharsis (Sociedade Portuguesa de Arte-Therapy [SPAT], 2020).

According to Carvalho (2009), this model covers four forms of intervention, which derive from the two types mentioned above, namely:

- Art-experiential therapy: it is based on the spontaneity of creation and the development of artistic resources. This approach promotes inner discovery and fuels imagination and creativity and is particularly suitable for work in institutions, with chronic patients, with patients with serious pathologies and with psychotic patients;
- Thematic artistic therapy: emphasizes the expression of affectivity as a goal of work. In this approach it is the therapist who defines the work to be developed and is a methodology suitable above all for therapeutic communities, rehabilitation centres and schools;
- Integrative intensive psychotherapy of art: it is more suitable for short interventions, with the integration of different materials and artistic mediators such as painting, drawing, modelling, sculpture, collage, dramatic games, puppets, games with sand, body expression, music, singing, poetry, free writing and creative writing;
- Psychotherapy of diagenetic/analytical art: it is directed to long-term interventions where art serves as a support for deep psychotherapeutic

work, which implies on the part of the psychotherapist an integration of art within individual and group psychoanalytic theories.

Each of these forms is associated with its own characteristics, depending on the population for which it is intended, the context of application and also taking into account the objectives that must be achieved.

It is important to note that in this approach the effectiveness of interventions is largely provided by the range of technical possibilities at the service of the art therapist, who must be able to adapt them adequately, without compromising the creativity and freedom of patients (Carvalho, 2008).

The transformative power of the mediators and creative processes underlying Art therapy is also applied in the field of the treatment of victims of abuse and domestic violence, since through this methodology it is possible to encourage psychological change, new creation of emotional bonds, experimentation of new understandings of reality and new abilities to solve problems.

Art therapy is, therefore, a tool that can be a stimulus to reactivate a healing procedure, so far hampered by previous trauma (Monteiro, 2016).

According to this author's approach, an intervention with victims of domestic violence should be based on a structural approach that involves their empowerment, through a review of how they perceive themselves (self-sufficiency, self-confidence, self-esteem, control and self-effectiveness), the development of their critical and analytical skills and the expansion of their opportunities.

Assuming a step-by-step approach, as is the practice in interventions aimed at trauma victims, in a first phase the intervention is individual and is aimed at solving problems, stabilizing maladaptive symptoms, assessing risks, developing a safety plan, giving support in the decision-making process and legal information on their rights and duties.

The next phase, which can take place in a group context, includes risk reduction and control, emotional stabilization, the development of personal and social skills, going deeper into the factors inherent in the genesis of interpersonal relationship models, the identification of individual potential and resources and social and professional restructuring.

Group intervention allows the patient a lowering of the level of anxiety and the attenuation of existing isolation, with the aim of developing new attitudes and behaviours.

Art therapy, in this way, provides women with a safe space where they can discover and find satisfaction, interest and realization, to be applied in their future reality.

An art therapy intervention in a group of women victims of violence can be designed according to the five stages of development of the therapeutic process, which are: encounter (collection), self-revelation, regression, reconstruction, and completion.

Each development phase has specific objectives, uses different mediators, and poses different challenges to the role of the art therapist; let's see them explained below (Monteiro, 2016):

- a) Meeting: definition of rules and regulations, presentation of participants, development of feelings of identification with the group. The art therapist, after mentioning the difficulty of talking about what happened, proposes a structured and non-threatening artistic work, through the use of

simple mediators that participants know well, such as markers, coloured pencils, crayons. The key aspects to be tested are the limits of intervention and therapeutic space, as well as trust.

- b) Self-revelation: strong sharing of individual experiences, with the emergence of group cohesion, which can manifest itself through various forms of resistance such as the refusal to complete the work, silence or non-acceptance of the rules. The therapist must accept these resistances in order to allow the verbalisation of affective ambivalence. Subsequently it is possible to resort to more complex techniques, such as collage, cropping, sculpture or some collective creations, such as collective collage, group history or wall painting.
- c) Regression: it is a phase characterised by the presence of internal and external conflicts, the appearance of feelings of rivalry and the first attempts to abandon the working group. It is necessary to make it possible to outsource internal conflicts based on high intensity and the emergence of impulses considered more primary. It is recommended to use painting, an artistic mediator that, for its expressive qualities, favours greater freedom of unconscious work. The art therapist must have a greater focus on action, using techniques of action painting, dance/movement and dramatisation. The use of diversified materials stimulates sensory experiences and promotes the expression of memories.
- d) Reconstruction: in this phase there is greater serenity and reorganisation, there is the formal reintroduction of the theme of violence, thanks to the possibility of identification offered by the group, allowing a greater emotional distance from the situations experienced, greater capacity for projection in the future and greater willingness to talk about the theme of violence. At this stage, a distance from the victim's identity and a re-orientation towards other social roles takes place. The most widely used mediators are reconstructive techniques, such as collage, cropping, the construction of sculptures and puppets, or techniques associated with social roles, which correspond to strong areas of personal skill. At this stage there is a greater balance between individual and collective creations, greater improvisation, and less immediacy in the creative process, through the free use of materials.
- e) Completion: at this stage issues such as separation and autonomy emerge, there is an awareness of personal therapeutic advances, through the development of other ways of feeling and relating to others.

From an artistic point of view there is the integration and recycling of previously developed creations, with possible transformation of individual works into collectives, or by linking creations of different sessions into a global product, seeking greater structuring in creations.

However, despite the avant-garde of this methodology and this approach, a study developed by Fernandes (2013) showed that even in 2013, art therapy was not widely used in Portugal and in particular in the field of victims of gender-based violence.

2 - WHAT IS ART THERAPY?

Defining what art therapy is is not an easy thing, as it is a very wide discipline that makes use of the various forms of art in the treatment of psychic distress.

The **British Association of Art Therapists** understands art therapy as "a form of psychotherapy that uses art as its main way of expression and communication".

The **American Art Therapy Association** labels art therapy as: "an integrative profession of mental health and humanistic services, which enriches the lives of individuals, families and communities through active creation, creative process, applied psychological theory, and human experience within a psychotherapy relationship."

Art therapy is a compound word that has its double root in the fields of creativity and medicine.

Considering that this term includes the word "art" one cannot help but consider the function that it has always had in human existence, that is, to objectify feelings and emotions to be able to contemplate and understand them.

The artistic object becomes an expression of the inner experience of the subject, which might otherwise be inexpressible through verbal communication, because it cannot be translated through language.

In this perspective the "form" of the artistic artifact becomes of primary importance, essential as it becomes the way in which artistic expression realizes experience and gives the opportunity to recognize, bring out and master unconscious inner life, often not accessible through language.

Artistic production is protected within the relationship with the art therapist: they must be able to establish a firm and empathic relationship with the patient, developing the ability to welcome, absorb and evolve instinctive, impulsive or conflicting tensions that can be expressed during artistic creation.

Within an art therapy treatment, the patient thus learns to express himself through a creative-communicative act, with which he can become aware of his inner experience, his fears, his body and his defences, mostly of an unconscious nature.

Through the discussion and interpretation of the work done, that is, the communicative content of artistic expressions, one has the opportunity to allow the patient to communicate his thoughts and feelings.

The artistic product is then considered as a floating object, which lies between the real and the imaginary.

A drawn object can be a reproduced reality but also be a desire or a fantasy; the signs, shapes and colours have their own content and communicative value.

From this point of view, art therapy can therefore be considered as a privileged vehicle in the transmission of messages concerning the sphere of emotion and imagery.

These messages can be expressed through symbol, metaphor and analogy.

Creative activities allow the subject to experience a situation of spontaneous freedom that is full of meaning and that creates a new language both informative and effective, where the unconscious has the opportunity to free itself and express itself with particular ease.

For many subjects, the possibility of expressing themselves through non-

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verbal language, such as a creative plastic production, becomes the only way to bring out and understand one's sensations, in a liberating and cathartic experience.

The artistic work created represents an object that refers to deep parts of oneself, which can be immediately analysed both for those who realise it and for those who observe it, allowing one to reflect and possibly interpret more intimate and profound aspects of personality.

Art therapy therefore assumes a value of visual communication and in parallel allows the non-verbal to materialize, favouring an interpersonal discourse between subject, therapist and the working group, within which a common language is built for all participants in which everyone feels an active part, bringing their own contribution.

Art therapy is not only a pleasant and constructive way to pass time but becomes a means to transform it into an acted time and therefore to live in time where the subject has an active and precise role, giving the opportunity to regenerate the desire to be creative, to regain self-confidence, to increase self-awareness and to increase self-esteem.

The art therapist, in this process, must be a reassuring presence and a guide capable of accompanying the individual to express himself freely in his own creation.

Within this discipline, there are different ways of being able to express oneself creatively; through painting, drawing, sculpture, dance, theatre, music, etc.

The constant in all these approaches lies in the process of creation and self-expression.

The artistic activity itself already has a potential healing influence in terms of a positive experience of evolution.

Being able to make art to express oneself without "masks" in a true and spontaneous way, relaxed and uncritical, can guide the realisation of oneself and the healing of one's emotional wounds.

In addition, the artistic object is characterised as a symbolic communication tool related to conflicts, emotions, inner states and from a psychological and psychodynamic point of view it is possible to interpret this content within the setting.

In this approach, called "psychodynamic art therapy", the therapist guides the individual to self-awareness of the contents expressed in the drawing, sculpture, musical composition or dance.

In practice, almost all experts in the field integrate these dimensions in a personal way, adhering to various degrees to the idea of therapy and psychotherapy through art (Malchiodi, 2009).

Art therapy should be considered as a technique with multiple application tools, ranging from therapy and rehabilitation, to improving the quality of life.

Art is thus configured as a spontaneous, immediate and instinctive mode of expression of oneself and one's emotions, which can emerge in concrete and direct forms, without the need for rational intermediation.

In some cases, when the instance of the psychiatric context prevails, regular projects and methods are engaged in meetings, mainly group meetings and in which the various instruments (drawing, painting, clay, music, dance) are used according to the needs of the users.

These interventions are in most cases autonomous but can sometimes be

integrated into medical and pharmacological treatment.

This is important for the definition of the objectives to be achieved and the evaluation of the results.

Of course, individual cases can also be dealt with in individual sessions, as is often the case for children with autistic or psychotic disorders, who find in art an important vehicle for expression and communication.

In the medical field, art therapy is an excellent tool for the emotional regulation of patients suffering from chronic diseases or waiting to have surgery.

Moreover, within a more sensitive conception of the psychological and emotional aspects of the individual in treatment, the figure of the "clown-doctor" was born, successfully and in little time, in the context of paediatric care.

Another important application of art therapy concerns situations of physical or mental disability. Even in these cases it represents a particularly appreciated mode of expression and emotional sharing.

In the field of social distress (e.g. in drug-addicted communities or nursing homes for the elderly), the artistic tool for the development, maintenance or recovery of social skills is used, as well as to promote the feeling of self-help, very often devalued in particular in the case of the elderly.

Finally, in the school context art can represent a mode of therapeutic intervention aimed at the integration of pupils with disabilities or with disorders of social or cognitive origin (e.g. specific language or learning disorders).

There is therefore a positive impact of these techniques outside the psychiatric milieu, in the ascertained awareness of their effectiveness and the value they have for the improvement of the communication and expressive skills of individuals, with particular attention to their internal experiences.

There are two main ways in which art therapy is used.

The first is called analytical therapy.

Analytical art therapy is based on theories that derive from analytical psychology and, in many cases, psychoanalysis. Analytical art therapy focuses on the client, therapist and ideas that are transferred to each other through art.

Another way art therapy is used is artistic psychotherapy.

This approach focuses more on the psychotherapist and their analysis of the artworks of his speech-mediated patients.

Art therapy is used to help people improve cognitive and sensory motor function, self-esteem, self-awareness, emotional resilience.

It is also great for helping resolve conflicts and reduce discomfort.

At the heart of art therapy is the use of the non-verbal channel through artistic mediators, making it particularly useful for those who have difficulty with verbal expression.

However, at certain stages of therapy the use of verbal language could prove to be a good additional tool, for example for associative purposes (to create links with specific life episodes or to focus in more detail on certain aspects of the creative process).

In addition to a "narrative" use of words, these can be channelled for a more "reflexive" purpose. Getting used to keeping a diary or resorting to expressive means such as poetry or writing, becomes fundamental in some cases. From

the relatively recent studies (2003-2004) by J.W. Pennebaker it emerges that expressing one's emotions in a diary can provide valuable help to better understand one's own experiences and elaborate particularly traumatic pasts.

As a regulated method of care, art therapy is used in many clinical and other contexts and is aimed at a large number of sick individuals, being increasingly recognized as a valid form of therapy.

The art therapy also used in non-clinical contexts is aimed at those people who want to measure their ability to communicate in the creative field.

One of the strengths of art therapy is that this type of intervention has been particularly suitable for those who had a series of expressive difficulties in the verbal field: graphic forms are answered with drawings, sounds are answered with sounds.

Of course, verbal language, as mentioned, is still part of the operational practice of artistic ateliers or music therapy workshops, where patient conditions allow, but verbal comments in general in the medical arts that are based on visual arts, sounds or body movement, could sometimes weaken the immediacy of non-verbal dialogue and in many cases therapeutic efficiency.

A problem that is often intertwined with that of the use of verbal or non-verbal communication tools is that relating to the greater or lesser directivity that characterises the intervention of the art therapist.

The two are not always mutually exclusive: being non-direct in a type of verbal communication and being direct in a non-verbal type of communication.

The directivity of the intervention and the use of the expressive channel are the two technical elements that perhaps more than others characterise and give a precise imprint to the art therapy sessions.

An example of this interconnection between directivity/non-directivity and verbal/non-verbal we find in the instructions given to patients that accompany the setting of art therapy.

Verbal deliveries allow the art therapist to observe how patients react to their anxiety and express it in the choice of tools.

In art therapies that are based on visual material, the rapid production of drawings allows the patient to come into contact with his emotions and his inner world, to relax and to express his own experiences directly without rationalizing them or relying on the mediation of the intellect.

Even in forms of art therapy that appear more than others related to verbal language, such as writing poems and diaries, there may be many non-verbal elements in the form of images or sounds associated with words and in the very use of verbal language as a means of expressing their emotions spontaneously and directly by patients.

It is important to consider that in most art therapy there are different temporal phases of patient growth and the ability to regulate, actively control one's emotions, and expanding the boundaries of the self.

These different phases imply a transition of expression to reflection, to the reworking of the contents produced: in this oscillation the contribution of verbal language is of great use in favouring the internalisation of emotional experiences, although in many cases the language used for the transition to the so-called reflexive phase does not necessarily have to be verbal, often finding application at different times.

The problem that therefore arises for those who deal with art therapy is not so much that of an aprioristic rejection of verbal communication, but that of its

improper use in moments and situations when non-verbal intervention is more and more difficult.

Using their evaluative and psychotherapy skills, art therapists choose materials (such as painting, drawing, sculpture, photography, and digital art) and interventions adapted to the needs of their patients and design sessions to achieve therapeutic goals and objectives.

Through the creative process, patients increase understanding, master stress, work on traumatic experiences, increase cognitive, memory and neurosensory skills, improve interpersonal relationships and achieve greater self-realization.

With these techniques and materials, the art therapist promotes the knowledge of oneself and one's potential and makes possible the integration of all the resources available to the patient in order to live better. Thus, it performs the function not only of treating diseases but also of transformation, evolution and growth of the individual.

The materials and techniques used allow to express, shape and give a definite image to the present problem; through the help of the therapist it is possible to achieve a new vision of this difficulty, an intuition, an insight that can bring one closer to solving the problem.

The art therapist must therefore be able to welcome, legitimize, and amplify the messages of the other with words, drawings and proposals.

In doing so they must have an aesthetic sensitivity capable of grasping not only the beauty or the pleasant but also the significant, communicative aspects of the work.

In this context there are no defined aesthetic canons, what matters is the understanding, acceptance and contemplation of what the patient intends to communicate with his work.

Artistic products do not undergo "aesthetic interpretations", the meaning is always personal, private, self-centred and must be sought through the interview, so that it is the patient himself who discovers the right message of his creation.

Art therapy as a discipline draws from a variety of theoretical approaches, such as psychoanalytic, psychodynamic, cognitive, gestaltic and, in general, from all those therapeutic approaches that aim to connect and reconcile emotional conflicts, to promote self-awareness and self-acceptance, developing relational and communicative skills.

The crucial question to answer in order to understand the potential of this therapeutic tool is how art therapy, that is, making art and relating to an artistic product, can become a moment of treatment and therapy.

As has been pointed out several times, there are a number of intrinsic characteristics to making art that make engaging in this activity in itself therapeutic.

It has been shown that when a person is immersed in a creative activity he receives a series of physical, intellectual and emotional stresses that lead to organic and psychological changes that favour healing processes.

In adults, this type of activity frees the unconscious, relieving conditions of stress and existential problems.

The moment you express negative emotions, through the act of doing, you learn to "look from the outside".

The patient is no longer trapped in the grip of painful feeling but manages to

get out of himself. It is also important to create beneficial distances from the situation which allows it to be supported.

The adult is not, during the liberating act, forced to automatisms and fixed and repetitive behaviours (typical of daily actions), certainly more comfortable and reassuring but mostly fixed, stable and repressing, but finally vents the most violent and strong impulses in a creative rather than destructive way.

Art therapy, in addition to being an elective means of "working" with children, favours an extension of the usual patterns with which the adult sees and relates to reality, both internal and external, and stimulates taking the freedom to identify, contact and experience all the unexpressed potential, in order to "look more clearly at their interiority" and sweep away tensions of any kind.

The techniques related to art therapy therefore have the function of placing in better communication soma and psyche, mind and body, and to ensure that there is a more fluid and balanced and therefore healthier relationship between these two inseparable aspects that constitute us, too often lived separately.

Making art, in the sense of engaging in a new and creative activity, also promotes the activation of the right hemisphere of the brain, which presides precisely over creative activities, imagination, intuition, communication and bodily signals (analogue thinking).

In our contemporary society, and particularly in western society, analogue thinking is usually considered less important than logical-rational thinking, due instead to the activity of the left hemisphere.

In fact, we need the joint activity of the two hemispheres of the brain in order to adapt properly to the changing reality.

The so-called "lateral thinking", whose development is promoted by the activation of the right hemisphere, is fundamental to stem the limits of logical-formal thinking, as summarized by the psychologist **Doctor De Bono**: "lateral thinking allows to recognise the dominant criteria and ideas that usually polarise the perception of a problem, to therefore look for new ways of looking and working on reality, and therefore to make the rigid control of rational logical thought more flexible and stimulate the development of creativity. Art therapy therefore becomes an important opportunity to promote and enhance these fundamental skills".

Creative expression manages to overcome the state of consciousness by bringing out from the unconscious, without any filters, everything that is most hidden but also truer in the individual.

The search for a form leads the subject to self-awareness, using an archaic language that exceeds verbal language, because it moves the deepest states of the unconscious by placing the individual again in harmony with his primordial structure.

The language of symbols is used.

Painting, drawing, shaping and dancing all involve an activity in which all our senses are stimulated and we are absorbed in our entirety.

What we feel and experience is reflected in our artistic production in terms of quality and intensity of lines, strokes, colours, movements, the way we use time and space, etc.

So artistic expression is proposed as a reflection, a symbolic representation of our internal world and of the ways we usually relate to reality, both external and internal.

It is precisely the characteristic of using the language of symbols, and

therefore not only verbal, that makes art therapy a privileged channel compared to other forms of therapy.

Artistic expression acts in fact as a factor of protection and containment, and as a mediator object in the relationship between the patient and the therapist, respecting the defense mechanisms yet somehow bypassing them and favouring the free expression of one's inner world, giving greater self-awareness by activating creative resources.

It is easier to talk about a drawing, a poem, a piece of music, a film or any other artistic product than to talk about oneself.

Art therapy contributes to the diagnosis and treatment, and in some cases to taking charge, of distress, psychological or social-physical, as well as to the prevention of distress itself.

Since its inception, art therapy has developed mainly as a support tool in the psychiatric care of people with serious mental disorders, such as psychotics and autistic people (therapeutic area).

It was soon clear to doctors and psychologists that these people could express themselves better with the body or gestures, shaping clay, dancing, or re-having their own anxieties in drawings, rather than through words, and so the use of artistic expression could help them overcome the serious difficulties of communication, typical of people affected by such disorders.

The results led to the extension of the use of these techniques even to patients with "less serious" disorders such as mood disorders and anxiety disorders, in which an increase in self-esteem, a consolidation of the self and an improvement in socialization skills are found thanks to the use of art therapy (**Pasanisi**, 2001).

The successes achieved in the field of therapy led, over time, to extend the use of art therapy to the field of rehabilitation of subjects with neurological damage and physical disabilities, but without real mental pathologies. Expressing yourself in creative activities helps reduce the denial of disability, develop greater personal autonomy and develop social relationships.

It is also often used as a support tool in the treatment of very serious diseases such as with terminally ill HIV patients, with cancer patients and in other hospital wards.

In the area of education, instead, we refer to the newer trend of using art therapy even with people who do not bring specific discomforts, simply as a form of education for sensitivity, creativity, self-awareness and acceptance of oneself and others. In fact, there are many daily situations in which both adults and children feel a feeling of "crisis" or difficulty, and the need to restore balance with themselves and with the outside world (bereavements, separations, failures at school or at work, etc.).

In a world so hectic and with such a constant excess of stimulation that it does not facilitate us to a real knowledge of ourselves and our emotions, it is believed that art therapy can, in some cases, constitute a space and a time in which to meet oneself, express our emotions (whatever they may be), confront ourselves with our deepest aspects, experiment in different skills, and promote self-awareness to maintain or regain good psychophysical balance.

2.1 ART THERAPY IN INDIVIDUAL WORK

In individual therapy, the two-way relationship intensifies the emergence of intrapsychic content.

The term intrapsychic refers to the conflicts, affections and relationships that the subject needs and that manifest themselves within the mind and not with the outside world.

Patients generally need contact with the art therapist because the relationship is the main treatment agent in the therapeutic process.

The relationship between subject and object develops only if the role of the art therapist is consistent, predictable and constant.

The importance of all this stems from the fact that the transferal relationship does not create a reproduction of the early unconscious object bonds that prevent the development of the dynamics of the relationship.

Often patients are not fully aware of the influence that the object relationship has as a representation of the self.

The duration of individual meetings is generally one hour, although it may vary as needed.

The optimal clinical considerations may lie in the fact that the art therapist has adequate training and that he is supervised as well as having frequent contact with the team and regular meetings with the doctor in the case they are patients living in therapeutic facilities.

The concept of therapeutic alliance is of fundamental importance.

As Dr. Stone says: "the therapeutic alliance is the central feature of art therapy also called a working alliance".

The alliance becomes the instrument par excellence to combat patient resistance and allows to promote the figure of the therapist as a skilled object as well as the object of transference.

This facilitates the patient's gradual ability to identify themselves and then project themselves into a trusted object.

The therapy works thanks to a relationship between therapist and patient characterised by trust, warmth, empathic understanding and acceptance.

The object representation then takes on the characteristics of security and predictability if healthy object relationships develop.

Dr. **Arnold Stern** on the therapeutic alliance argues "that it occurs when the confident, intersubjective, and interpersonal interaction between the therapist and the user is working, i.e. reciprocal."

It is manifested in the gestures, looks, interactions of voice and intention expressed by both partners.

2.2 ART THERAPY IN GROUP WORK

Art therapy, in addition to an individual approach, is also used in group contexts.

Group size is important because it is often able to show more clearly the meanings and dynamics of individual behaviour.

Group cohesion is an important indicator that acts in different ways on art therapy work.

Within the therapeutic group it is necessary to establish non-judgmental

standards of acceptance and inclusion of all members.

The group allows the subject to realize that he is not only in a difficult situation but that he is, in the specificity of his personal experiences, in a situation common to other people who share some suffering similar to his own. The whole group, in fact, has the opportunity to discuss the experiences of individual members; this not only allows the individual to perceive a reassuring feeling of containment, but also gives the group an important opportunity for comparison and growth.

It is fundamental for the art therapist to be able to understand which condition puts patients most at ease, allowing them to express themselves at their best.

Group work allows:

- the patient to share his work while carrying it out and therefore to get to know each other and recognize himself in the relationship with other people;
- the art therapist to evaluate the patient's work in a context rich in actions and reactions.

The patient is led to communicate not only with the art therapist but also with the other members of the group, both verbally and through the images created amplifying what are the canonical instances of artistic practice.

Working in a team has a socialising function but it is important for the art therapist to know the relational skills of his patients and help them in the process of involvement by gradually leading them to start increasingly meaningful relationships with the people in the group.

In the formation phase of the art therapy group, too much concern is usually expressed about the different ages of the participants, whose difference is often a reason for the richness of the exchange of views.

It is necessary to take into account the clinical information of each patient in order to reduce the risk of bringing incompatible diseases closer together.

A fundamental aspect, however, is the number of people who make it up: a small group allows you to closely follow the patients and the difficulties that can arise at the time of creation; a large group creates some more critical issues and risks being superficial.

Art therapy groups can go from an intrapsychic extreme to an interpersonal extreme; on this we can identify various types of groups depending on which communications are activated inside.

There is no reason to consider one group more functional or authentic than the other, more therapeutic, or professionally more valid: the group must always be based on the psychological needs and growth objectives of the patients who compose it.

2.3 ART THERAPY AT WORK WITH PATIENTS SUFFERING FROM TRAUMA AND ABUSE

For many of the characteristics inherent in an art-therapeutic approach described above, this type of method can be particularly useful in the treatment of patients who are victims of violence and/or abuse.

With regard to our previous experience, related to the practice within our association Fermata D'Autobus (Bus Stop), and in particular in the therapeutic

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community Fragole Celesti (Heavenly Strawberries) which welcomes only women victims of abuse, we have seen how this type of approach, combined with the most traditional methods of care, is a fundamental and incisive intervention.

Within the atelier where expressive workshops take place, based on the indications provided by the American Art-therapy Association, a setting called "Open Studio" has been set up.

Within the Open Studio, the work is based on the word "**care**", conceived as caring.

Trauma and abuse leave very difficult wounds to heal, which is why the art therapist like any other therapist has the task of providing security **by creating** a safe setting.

The atelier, the work table, the creative materials, the tray with food, become firm points around which the art therapist and all his participants rotate with the aim of creating an atmosphere able to favour tranquillity, calm, and quiet in a reassuring space.

The concept of space is therefore **fundamental**: an intimate and individual space, safe, in which to deposit one's emotions in which it is possible to guarantee a "listening gaze", necessary for the development of a climate of trust and a good therapeutic alliance.

The group lasts two hours, on a weekly basis, and takes place with a well-structured methodology.

During the opening phase of the group, relaxing sounds and body relaxation exercises are provided using mindfulness techniques.

Then we move on to stimuli that over time diversify according to the concepts that the art therapist considers important at that time.

It is essential to always stimulate freedom of expression, without obligation in carrying out a pre-ordered scheme; the patient is asked to focus on listening to his body for five minutes, to promote greater consciousness and awareness. The body, in fact, is fundamental and must not be forgotten, especially because of the problems that that body has suffered during its existence.

Patients are then invited to take a few minutes' walk in the garden or outdoors, to observe, listen, choose and collect an element of nature, from which to draw inspiration from its shape and its essence.

At this point we arrive at the creation of the artistic object by returning to the working table, where each has the opportunity to give free rein to their own expression; often it is a time of high concentration.

All materials are used with a possible integration of the elements previously collected in nature, symbolic of recovery and integration, respecting vital natural cycles.

Over time, through the works that refer to episodes of the past, which speak of sensations of the present or desires for the future, obvious signs of abuse and trauma suffered emerge: the setting thus becomes a nurturing blanket.

The art therapist and the group of patients who are present listen in silence: no forcing puts the trauma in the foreground, it is accepted and welcomed only when the patient needs to talk about it; it is accompanied during processing, with a dynamic that goes from the expression of overwhelmed to the repair, to the reintegration of the self, the reappropriation of the self and the treatment of deep and remote wounds.

The patient, in the reconstruction of the self, tries to give birth to a new

desire for life through the search for her true and authentic needs, which must not be dictated by the desires of others.

All this is possible within an integrated community intervention that includes spaces of individual and family psychotherapy and educational interventions, which allow the patient a daily reappropriation of their small pleasures, previously cancelled out by suffering, through new emotional relationships of a restorative type.

Inside the atelier it is recommended to allow a short fifteen-minute break in which participants can enjoy a moment of conviviality by offering them a small breakfast or snack where food and drinks acquire a symbolic meaning of care.

This moment is thought of as a relaxing, soothing and social sharing break.

3 - PHOTO-ART THERAPY

A discipline that has expanded in recent years on which it is worth dwelling, is photo-art therapy.

The photographs, regardless of the formal and aesthetic quality, always refer to a content that tells of a particular moment imbued with meaning: this intrinsic quality becomes a privileged clinical tool in the treatment of patients.

Each image naturally tells a story, which will take on a different meaning depending on who looks at it.

This is what makes common photos not only an excellent starting point for a natural conversation in the social sphere, but also makes them a very useful tool in situations where verbal communication alone is not sufficiently effective.

Almost always people own photographs of their homes and past, family and personal photos that they can share to allow them a therapeutic "work".

What characterises personal photography is the fact that it is imbued with emotion with secret and private symbolic meanings that are difficult to grasp by an outsider.

All the photos that people take and hold on to, whether for artistic purposes or simply their personal or family photos are like "mirrors of memory", which serve as signals of what (and who) was most important, and later as talismans that hold back the vanishing of advancing time.

Photographs are footprints of meaning in our lives as they show our past, the places and people who have connotated our existence, which we may be more or less aware of, and vary their emotional impact depending on the moment they are looked at again.

Observing personal and family photos gives you access to information about memories that are difficult to recall in another way.

Photography does not have an objective meaning that can be separated from the subjective meaning of the one who created it and/or observes it; it can therefore be said that there is no unambiguous and correct way to find an absolute truth about it.

From a therapeutic point of view, showing photographs rather than showing an objective reality suggests and evokes emotions related to it.

In fact, as in any artistic or creative production, the meaning attributable to a photograph varies depending on the subject observing it, regardless of the intentions of the person who took it.

Personal shots and photo albums are visual metaphors of a real and past time of "*life experience*" that can be a valuable help to patients in remembering, comparing, imagining, and exploring complex parts of themselves, their lives, and especially their feelings.

Using photographs to arouse emotions allows you to create a bridge in your personal unconscious, allowing the creation of new content that can be faced within the therapeutic setting, be it individual or group.

Storing photographs is a way to stay in touch with past moments of time that remain frozen forever in the photo image. This is perceived mentally in a three-dimensional way, projecting the subject into the reproduced reality as if it were present in the here and now.

The central action of a path of photo-art therapy is to analyse the subjective

and emotional meaning that the patient attributes to a particular photo, which is more relevant than the formal and objective contents present in it.

When it comes to their personal and family photos, or listening to other people's observations of these images, patients often learn things about themselves that they were not entirely aware of when they first saw them.

This, within a therapeutic space, allows the patient to be able to become aware of some lived experiences that are present inside the photo and that can be integrated in order to increase awareness of their own existence.

In fact, the way people frame and assign meaning to reality in the construction of their psychic world influences and filters anything that enters and comes out of their minds.

Being able to use, within a broader therapeutic approach, significant photographs for the patient is a methodology that allows access to an incredible amount of information necessary to work with important "personal constructs", difficult to detect through other techniques.

The photographs make it possible to find a more tangible sense of the only verbal narratives that patients make of their lives.

The use of photographs and photo albums helps the patient rediscover their identity and role as an individual and member of a defined family and social system.

The ability to use these photos as a starting point allows therapists to go deeper into the relationship with their patients. In fact, in this way, the therapist will have the opportunity starting from a concrete image to develop more incisive questions and reflections, thus exploring the patient's feelings, attitudes and beliefs and stimulating further creative expressions.

In this age, dominated by digital images and videos, it is essential to include this dimension in the treatment of patients: in fact, especially in Canada and the United States, there is a great expansion not only of photo-art therapy but also of video therapy.

Photo therapy is different from photo-art therapy simply because the therapist who practices does not have training in art therapy but exclusively in photo therapy.

Photo-art therapy techniques are applied when a qualified art therapist adds training in the use of photos, adapting that teaching to work with patients with other therapeutic investigation processes.

To date, several organisations have been consolidated in which hundreds of professionals internationally use photo therapy, photo-art therapy and therapeutic photography techniques, with a wide range of populations.

For example, we can mention in Britain the PhotoTherapy and Psychological Aesthetics of Photographs, the PSYphoto in Russia, in Finland the Finnish Photo Therapy Association, in Mexico ILPFOT (the Latin American Institute of Psychology and Photography) and the PhotoTherapy Institute in Israel.

3.1 TECHNIQUES IN PHOTO-ART THERAPY

The five basic techniques in photo-art therapy are distinguished according to the relationship between the person and the camera (or between the person and the photograph), although in practice these categories often overlap.

These techniques are briefly summarised below:

Photographs that have been taken or created by the patient, can be photographs that the patients themselves have taken with their own camera or photographs taken by other people or found from re-views, postcards, websites.

Photographs of the patient taken by other people can be photographs depicting the patient both posing and unaware of being photographed; in this case the person taking the photo decides the time, content, crop and location of the photograph.

Self-portraits, with any kind of photos that the patient has made of themselves, are photographs in which patients have total control and power over all aspects of image creation.

Family albums and other photo-biographical collections, both of the biological family and of the acquired one, can be photographs collected in an album or on other media such as frames, multimedia folders, albums that document in various ways the family and environmental background from which the patient comes.

The "Projective Photo" is a technique based on the fact that the meaning of each photo is primarily created by the observer during the realisation process, or even only during the process of conception of it. It is called "projective" in the sense that meaning is always projected into a photographic object when you observe it.

Let's now explain in detail, one by one, these five techniques so far briefly described.

3.1.1 Photographs that have been taken or created by the patient

Each photograph can be considered a kind of self-portrait that reflects its photographer and that contains more or less visible information about the person who took it. Every decision about where, when, who and how to take pictures is important compared to what the creator wants to communicate about that situation.

In addition to working with photographs that patients have taken with their camera or brought to therapy from their personal collection of "found" images, this technique may also include working with photographs that have been photocopied, pasted, digitally created, scanned electronically, or otherwise prepared to be "manipulated".

Therapists not only explore the "facts" of their patients' photographs, but also look for broader patterns of repeated themes, personal symbols and metaphors, and other visual information that the patient may be unaware of at the time of taking the photo.

Whether patients bring photographs already taken on their own initiative, or at the request of the therapist, these can be used to converge the discussion on aspects of their lives that go beyond what appears in their photos.

In addition to working on pre-existing photographs brought into the session, therapists can also arrange more active patient photo shoots or assign "home" tasks in order to achieve specific goals or to work on particular topics in greater depth without necessarily overly focusing on the topic.

Another technique allows patients to photograph only what affects them; this gives them greater control over unknown and unexpected aspects.

3.1.2 Patient photographs taken by other people

The photographs that are taken by others allow us to understand the way we have seen ourselves (and also what it looks like to oneself when it is not a mirror that reflects on it) and influence the idea that we have with respect to the way others see us.

Often people caught in a photograph are amazed to see each other in a different way than they thought they were.

It can be useful, on a therapeutic level, to be able to compare photographs of themselves posing with photographs of themselves taken without warning, to evaluate and reflect on the differences between these two types of images, and the way in which the patient alters behaviour and non-verbal body language when he or she becomes aware of being photographed.

Compared to the self-portrait, in this technique the patient does not have control over the realisation of the photo, which is made instead by an external subject.

These photographs often present in a tangible way the power dynamic that is created between the "subjects" and the person who photographed them, who made them (willingly or not) "objects" of his attention through the camera. The terms "subject" and "object" acquire multiple meanings when one person "takes over" another (and has power over them) through his photograph.

The photographs can be studied as they are, but also redone later to check for any changes that have occurred during therapy.

3.1.3 Self-portraits

The photographs that people take themselves allow the exploration of their own way of being outside the observation and judgment of others; this happens both when it comes to self-portraits taken during sessions, and that they are carried out as a task to be done independently.

Self-portraits make possible a direct non-verbal comparison with the projected image of oneself and therefore allows you to deal with very thorny issues such as self-esteem, knowledge, trust and self-acceptance. On the other, they can be a very powerful activator of risky emotions for psychological balance; it is therefore necessary to analyse them in a protected and safe context so that the patient can use his photographs to establish an internal dialogue with the aim of promoting a process of therapeutic change.

This is possible through the presence of a therapist aware of the patient's personal issues.

3.1.4 Family albums

Photo albums and other similar collections of "family history" photographs are a summary of the three types of photography described above.

But these photographs, when put in an ordered sequence that forms overall "a larger photo" like an album, have like a second life that forms a narrative system with a much greater range of action than that of any kind of one-off photography.

For this reason, in phototherapy it is necessary to work in a very particular way with family photos, while allowing the possibility to work with the

individual types of photographs following the other four techniques.

The albums recall that special time, those places, those people (and those animals) that had particular importance in the life of the family (or even in the life of the person who created the album). The pages of the album give the opportunity to see not only individuals alone, but also inserted within wider family contexts.

The family album can thus metaphorically represent the house in which the psychological identity of the subject is based.

In the realisation of family albums there is often the search for an idealised image in which all the positive and happy aspects are highlighted, with the tendency instead to hide the most problematic and conflicting elements.

From a narrative-constructivist point of view, each story is the result of a sequence of phrases in which the choice and order of words counts (since each word makes meaning from the previous one and is linked to the next); in the same way through a sequence of photos a family album tells in the subjective way of who composes it the story of that family. For this reason, a different member of the family would tell a completely different story, perhaps using the same photographs or instead choosing different photographs.

So, even if a family album is not objective with a "true recording" of a family's collective identity, the story that is built within its pages will always be the result of someone's choices.

Since the family album often represents an idealised version of family history that rarely coincides with the patient's, it may be useful to ask to go back and rebuild the album as they please. This can provide the patient with new views on their family relationships. Helping people see themselves within their own historical-personal contexts often helps to better understand current feelings and situations (and perhaps to know where some of their expectations and judgments come from).

Albums can look alike and present repetitive thematic patterns, yet also contain forgotten people, secrets, myths, "closets", and dramatic anecdotes, along with some lies. Therefore, what has been omitted or kept silent in their pages sometimes has a more therapeutic meaning than what actually appears to us. Systemic-family-oriented therapists will find that family albums are a particularly rich source of information about internal dynamics, such as fusion/differentiation issues, "unresolved issues" and family scripts, and many other tangible crystallisations in the family's emotional communication.

Albums are proof of people's very existence; they reflect the image of family members who have passed away and give the opportunity to review and relive emotions related to particularly important past moments, such as childhood and adolescence.

In this way, the use of such photographs to help the process of reviewing, revisiting life and reminiscence, can help people to re-focus their perspective, orienting them towards the future and the natural flow of life, allowing people to review their experiences and successes, their contacts and their relationships with others and to find meaning and purpose of their lives.

3.1.5 The "Projective Photos"

Similar to seeing the world through sunglasses, whose effects are so familiar that they are no longer noticed (until they are taken off), people see the world around them through similar unconscious "lenses": they automatically filter

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everything they encounter, including their own perceptions, thoughts and feelings, mostly unconsciously.

Similarly, looking at any photographic image produces perceptions, emotional reactions that are projected from that person's own inner map, their map of reality, which determines the explanation that they give themselves of what they see.

Thus, the "truth" of a photograph lies not only within it, but rather in the less tangible interface between the photo and those who observe it, the "place" where each person forms his own and unique reactions to what he sees.

This process that underlies all the interactions between people and photographs helps us understand the reasons why you perceive the meaning of any photo.

Since for any image it is not possible to find an objective truth, there will never be two observers who will get an identical meaning starting from the same photograph.

This technique has been called "Projective Photo" because people always project a meaning onto a photograph they observe.

That is why all of patients' reactions to photographs are useful, because they tell us how patients tend to build their own reality map. This is true, not only regarding his own photographs, those they took, and those of family years but also regarding different photographs that the therapist has chosen for particular reasons or for therapeutic purposes, such as newspaper photos, postcards, magazine advertisements, book covers.

In the projective phototherapy process, there can be no wrong way to look at a photograph or the wrong answer to it: right and wrong become relative terms, because the answers to the photographs work for their content rather than for their correctness.

Since every interpretation is correct from the point of view of those who interpret it, this technique can be effective in increasing self-awareness and self-reinforcement, especially with patients who have long been accustomed to hearing their perceptions devalued or questioned.

Attributing an emotional meaning to a photograph is not surprising that deep memories, strong feelings and ambivalent contents are often unleashed on an unconscious level.

Although people rarely stop to think why this happens, this is the main goal and purpose of projective photo work.

Projective phototherapy techniques are a privileged means for patients to make contact with their personal, social, family and cultural filters, without necessarily being devalued, belittled or judged by others.

In therapeutic sessions, where clear communication is especially important, it can be useful to help patients realise that their way of interpreting the world or the actions of others is not the only possible one.

If you understand that people can see a photograph in different ways, you can understand that this diversity of perception can occur in all other daily interactions.

A change can only take place from within; only realising that there is more than one way of seeing one's situation, so patients can consider things from another perspective. To help patients in a process of change it is necessary to be able to see the world through the reality filters present in their eyes.

3.1.6 Conclusions

Photo-art therapy helps the therapist to see new parts of the patient, through different means, allowing the perception of unconscious feelings, which through a re-realisation that passes from visceral to a cognitive reevaluation, allows the past to recur in the present.

Using photographs gives you access to information inherent in images that would not emerge with such strength and depth with an exclusively verbal approach.

The photo therapist does not tell their patients what to do (or how to see); rather, it supports its patients in the search for their own paths or in the realisation of changes, in their own time.

In all this, patients learn to use their introspective skills, enhanced by a greater awareness of their deepest content and how such content is linked to their most intimate feelings.

Therapists can only help people rediscover and explore what they unconsciously already know and share with them how visual communications reveal pre-existing details or patterns of their lives, but of which they were not aware.

Helping patients to achieve this awareness is the primary objective of therapy, with a view to strengthening the self in the face of the problems of the past.

3.2. PHOTO-ART THERAPY IN INDIVIDUAL WORK

Following the same principles as the concepts previously expressed for a non-verbal therapeutic path in art therapy, we can adapt these to the work of individual photo-art therapy.

The difference is that in addition to specifically following the five techniques described above, we can add to the art-therapeutic material any type of photographic form desired.

The primary material that is chosen, observed, seen, and revised is the photograph that the patient has chosen.

Although sometimes it is not known what you want to work on, the five working techniques are still explained.

The photo-art therapist will find himself in situations where he will have to direct the patient in the way that will seem most appropriate to him.

The session generally has a weekly cadence and the duration of 1 hour 30 minutes (which is not mandatory but variable depending on the setting prepared and the possibility that the patient has to decide whether to finish the session first).

When the patient is not yet able to develop a certain type of work, he is suggested a different one so as not to put him in front of an excessively burdensome commitment that could become counterproductive to his self-esteem.

The family album technique is among the most complex and complete works, due to the relevance given to family and past and continuous relationships.

If the patient does not have such an album at his disposal, it becomes interesting to work on the creation of the same with him.

In photo-art therapy, any technique chosen is an excellent channel to start working on yourself.

3.3 PHOTO-ART THERAPY IN GROUP WORK

The group session of photo-art therapy should not consist of more than 6 patients and is carried out weekly.

In group work the most used technique is that of projective photos but work with collages can also be especially useful.

When using projective photographs, the conductor will have on a table many photos printed on photographic paper, taking care to occupy its entire surface.

At this point the group, as a first step, is invited to choose some photos they prefer.

The moment of choice is very important as it helps the participants of the group to reflect in a defined and reasoned time: many patients, in fact, in front of the possibility of choosing are not able to stop and reflect and make a conscious choice and therefore must be constantly helped in this.

Subsequently, the group will have to write on sheets of various colours, choosing the preferred one based on the emotions experienced at that time, answering a questionnaire composed of ten questions.

These questions will guide each participant to an introspective work in which thoughts, curious and unexpected points of view of themselves, past memories and desires for the future can emerge that can be analysed and elaborated to be realised further in the future.

Within the group, everyone is led to listen to each other, to recognize his needs and to understand what he wants, questioning various issues in the search for new reflections and new balances.

Everything within the group, according to each intervention, always brings great wealth.

In the collage technique, on the other hand, photographs of various genres and origins are glued together, and this leads the group and the individual to develop the imagination more.

As in almost all groups, also for this technique, a specific theme is indicated but the possibility of freedom of choice is also indicated, in case the proposed theme should not be of interest to all participants.

3.4 PHOTO-ART THERAPY AT WORK WITH PATIENTS SUFFERING FROM TRAUMA AND ABUSE

Starting from a text by Dr. Weiser we talk about painful situations and abuse that take place within the home and that are often "hidden" by the family system.

Children, in fact, are often told not to tell anyone what happens in the house, but memories of this pathological reality and the associated feelings of confusion, if not processed in a therapeutic way, can remain deeply inaccessible for a long time, coming to the surface only when reaching the unconscious part, exceeding the usual defences.

These memories, located deep down, can only come back to the surface when a sensory stimulus, such as a smell or visual stimulus, brings them out spontaneously and unconsciously.

In order to handle this traumatic material with care, it is necessary to go beyond the usual verbal channels through non-verbal expressive techniques

that allow you to reach deep in places often inaccessible, preventing the conscious mind from raising defences.

Using photographs as productive catalysts can be a useful connecting bridge with the deeper contents of the unconscious; the use of photographs makes this process manageable, ensuring safe distancing and metaphorically working through symbols, as it is much easier to talk about the people depicted in the photographs (even if it is the patient himself) than to talk about himself directly.

Photo-art therapy, carried out with care and attention within a structured therapeutic path, gives the possibility to get rid of deep wounds that otherwise could not be remembered.

Based on these concepts, one can work both with groups and individually with all five techniques described above.

The one most used and that stimulates imagination, research and concentration the most, activating interesting group dynamics, is that of projective photos.

Next to this, the collage technique is especially useful, which can be created both from images found in magazines and from personal images glued to paper of different sizes and colours with any integrations of art therapy materials.

Collages focus on free themes or even themes proposed by the photo-art therapist.

This technique gives free rein to deep parts, often developed with results of unusual fantasy.

In conclusion, it can be said without a shadow of a doubt that a work of photo-art therapy to treat trauma becomes an extraordinarily strong visual channel that must be handled with extreme caution and great care, within a structured and integrated therapeutic path that allows the patient the possibility to heal deep wounds that often could not be verbalised.

4 - RESEARCH ON OPERATORS' EXPECTATIONS OF ART THERAPY IN THE TREATMENT OF WOMEN VICTIMS OF VIOLENCE

In order to understand in more detail the direct knowledge of a therapeutic art approach with women victims of violence, we have drawn up a questionnaire that we have disseminated online to various professional figures working in the field at national and European level.

This questionnaire, which we report in full below, has been structured in nine items with a closed answer with the possibility to choose for each question only one useful answer.

4.1 QUESTIONNAIRE ON THE EXPECTATIONS OF OPERATORS/PROFESSIONALS

Body:

Role: Medical Nurse Psychologist Operator Other

For each item provide only one useful answer.

1. Art therapy is a useful and complementary therapy in the treatment of individuals with psychological problems:
 - I don't agree
 - I quite agree
 - I fully agree
2. How informed you are about the methodology used in a therapeutic art approach:
 - Little
 - Enough
 - A lot
3. Have you ever had direct experience, in your work, of therapeutic interventions based on art therapy techniques?
 - Yes
 - No
4. Art therapy is an approach that can stimulate creativity by promoting individual well-being and improving the quality of life:
 - I don't agree
 - I quite agree
 - I fully agree
5. Art therapy, in addition to stimulating creative skills, allows the overall knowledge of the patient to expand and provide a more integrated assistance:
 - I don't agree
 - I quite agree
 - I fully agree

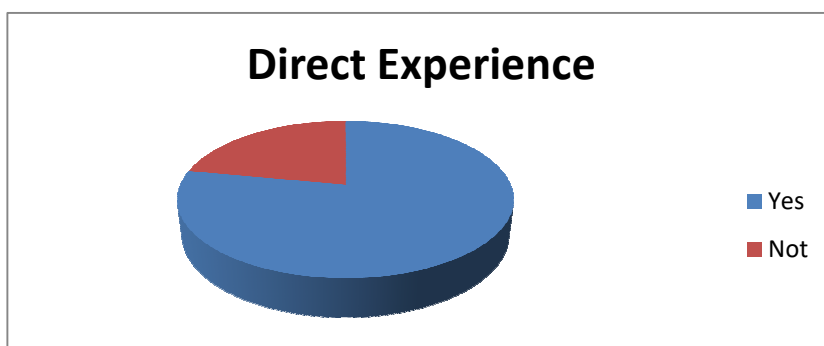
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6. Using art therapy during the therapeutic process improves care, increasing the chances of the healing process:
 - I don't agree
 - I quite agree
 - I fully agree
7. Art therapy, used specifically with abused and mistreated patients, allows greater integration and emotional and affective awareness through the artistic and creative representation of unconscious trauma:
 - I don't agree
 - I quite agree
 - I fully agree
8. Proposing creative activities during the therapeutic program allows a communication of content not accessible verbally:
 - I don't agree
 - I quite agree
 - I fully agree
9. For operators working with abused/mistreated patients, knowing art therapy can serve to have a deeper knowledge than the patient's resources and fragility:
 - I don't agree
 - I quite agree
 - I fully agree

63 professionals replied to this questionnaire.
Below are the response rates and data analysis.

First, it is interesting to note in question 3 that as many as 78% of respondents had already had direct experience in their professional practice of therapeutic interventions based on art therapy; on the other hand, 22% said they did not have any.

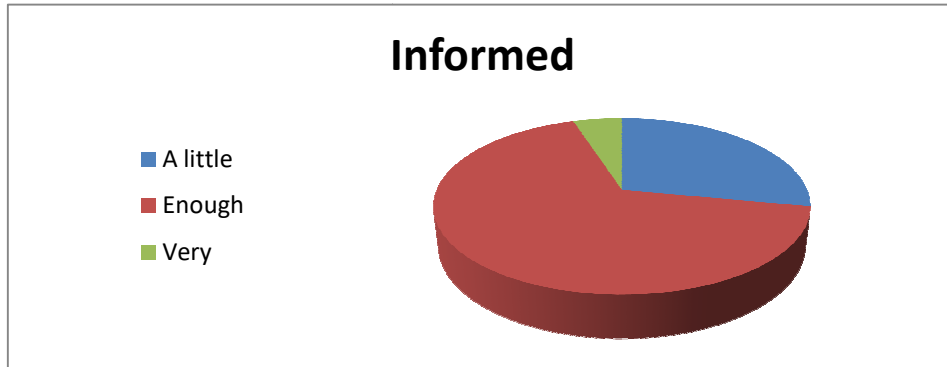
This meant that those who had no direct experience of art therapy interventions found it more difficult to respond to some items in the questionnaire and were less informed on this approach.



Graph 1

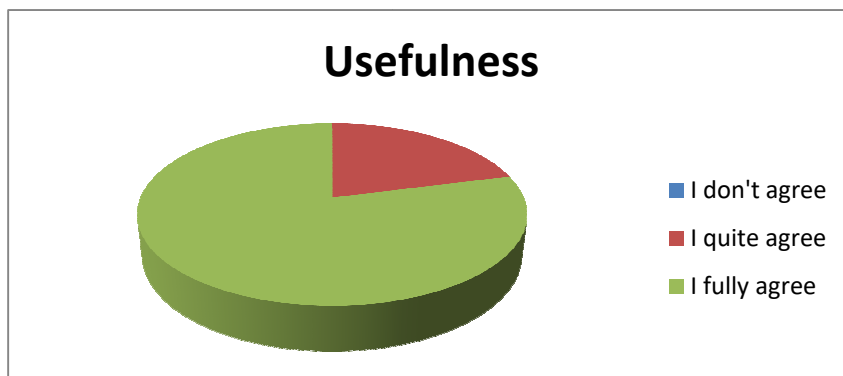
When asked about the level of knowledge with respect to the therapeutic art approach, 67% of the sample replied that they had "Enough", 28% had "Little" and only 5% considered that they were "Very informed" about this methodology.

The percentage of knowledge is lower in professionals who have never had direct experience; in any case it is interesting to note that only a small part of the respondents considered themselves as having an in-depth knowledge of an art therapy approach.



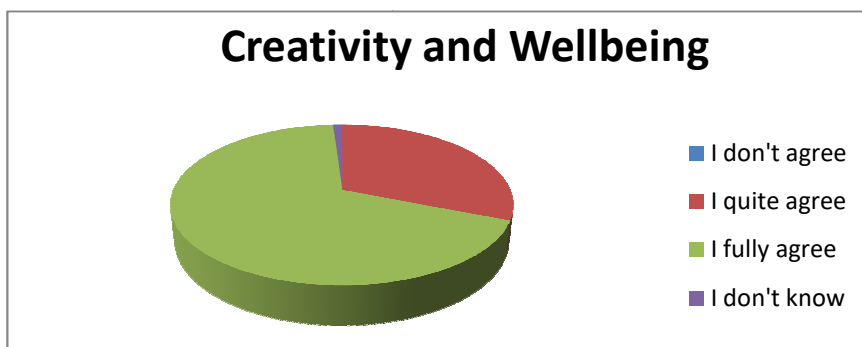
Graph 2

When asked if the use of this practice with individuals with psychological problems was useful and complementary, as many as 79% said they were "fully in agreement", 21% "quite agreeing" while none of the respondents considered this approach useless.



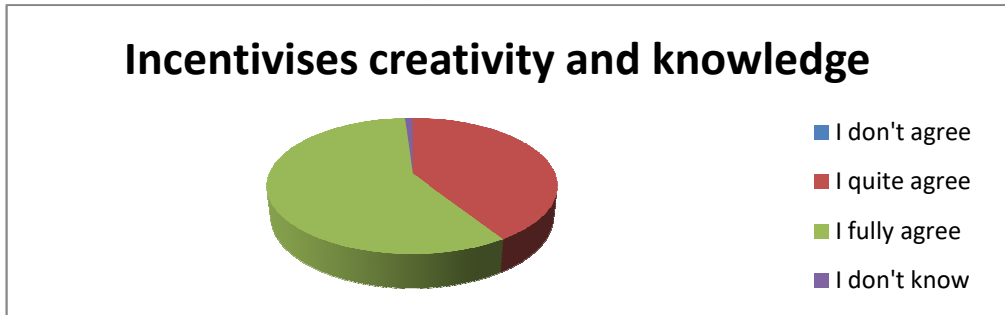
Graph 3

When asked how art therapy can stimulate creativity by promoting individual well-being and improving quality of life, 68% said they "fully agree" with this statement, 31% "quite agree", no one replied "I disagree" and only one person could not answer the question.



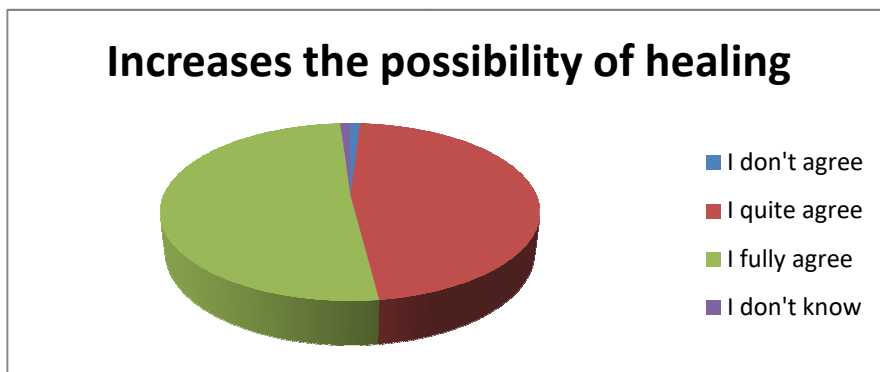
Graph 4

When asked question 5 on how much art therapy can broaden patient knowledge to foster more integrated patient care, 41% said "Quite agree," 58% "Fully agree," no one replied "I disagree" and only one person could not answer the question.



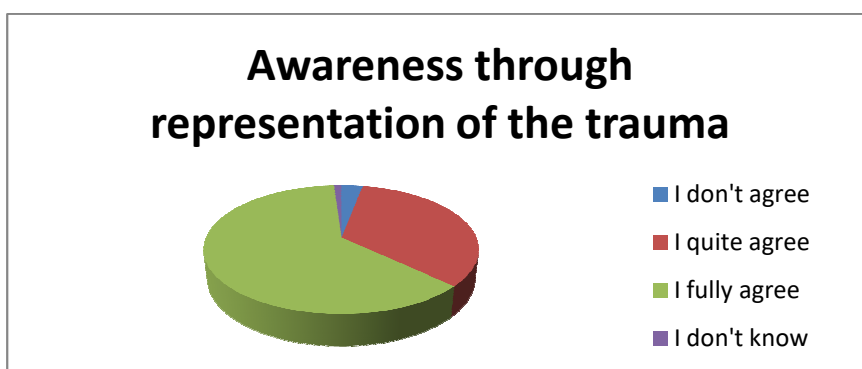
Graph 5

On question 6, 51% said they "fully agree" with the statement that art therapy improves patient care by increasing the chances of the healing process, 48% say they "quite agree", 1% "disagree" and one person could not answer the question.



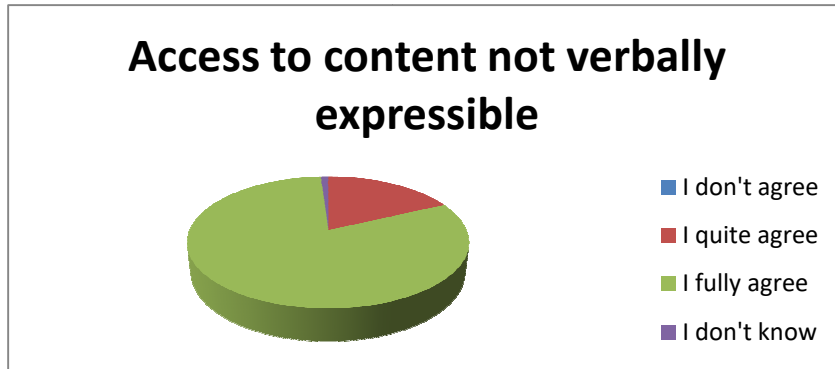
Graph 6

When asked question no. 7, as many as 62% of respondents said they "fully agree" with the statement that art therapy, through the artistic and creative representation of unconscious trauma, allows abused and mistreated patients a greater emotional and affective awareness, while 34% instead declared themselves "quite in agreement", 3% "disagree" with this statement and one person could not answer the question.



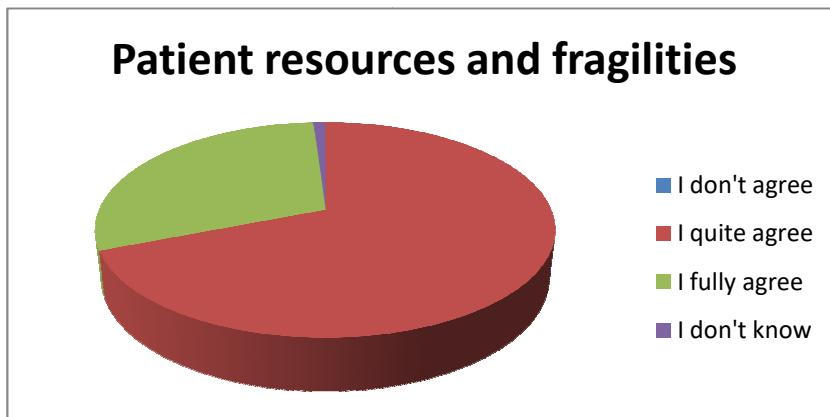
Graph 7

On question 8 as many as 81% of respondents said they "fully agree" with the statement that proposing creative activities allows for non-verbally accessible content communication, 18% were "quite in agreement" and only one person could not answer the question.



Graph 8

Finally, on question 9, 69% say they fully agree that art therapy allows a deeper understanding of the patient's resources and fragilities, 30% quite agree and only one person did not answer the question.



Graph 9

4.2 CONCLUSIONS

The therapeutic art approach is slowly and gradually spreading as a methodology that professionals can use in working with patients with fragilities and psychological problems. However, few people are familiar with this approach and methodology in depth, thus demonstrating how much work is still needed to disseminate and promote this instrument, an important objective of this research work at national and European level.

Art therapy is increasingly a useful therapy complementary to traditional therapeutic approaches, as it allows patients to communicate content that is not accessible verbally and that becomes instead "expressible" through the creation of an artistic object. In this way creativity is stimulated in them, with the aim of promoting awareness and greater integration of unconscious

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trauma. In this way, through art-therapeutic work, it is possible to promote first of all the individual well-being of the patient by improving his quality of life while at the same time it allows professionals to acquire a global and more integrated knowledge about the personality, resources and fragilities of individuals, thus increasing in them the possibility of a successful healing process.

5 - RESEARCH ON USERS' EXPECTATIONS OF ART THERAPY IN THE TREATMENT OF WOMEN VICTIMS OF VIOLENCE.

At the same time, we administered a questionnaire with six questions open to 17 patients who have had experience of art therapy laboratories at our Association "Fermata D'Autobus", fully reported below.

5.1 USER INTERVIEW

1. Before you came to this community, did you know about art therapy?
2. Do you like creative activities?
3. Are you happy to do creative activities? (reason for the answer)
4. When you don't create, do you feel the need to do it? (reason for the answer)
5. Do you think artistic creativity can be a useful therapy? (reason for the answer)
6. Since you started, have you seen improvements? (reason for the answer)

When asked question no. 1, most of the interviewees, 13 of them, did not know about art therapy, starting to use it as a methodology only after entering our therapeutic communities; only 4 of them had already had experience with such an approach in the past.

To question no. 2, that investigated the pleasure inherent in creative activities, 14 answered in the affirmative (two of them reported a preference in the use of writing and music as the main non-verbal expressive channel), while 3 of them answered in a negative way.

To question no. 3, that investigated the contentment in carrying out creative activities, 13 answered affirmatively and 3 negatively, while one person claims to feel happiness in carrying out some creative activities and in others not.

To question no. 4, that investigated the need to create, 8 answered negatively while 7 answered in the affirmative and 2 that they feel the need to create depending on their mood, the moment they are going through, etc...

To question no. 5, that investigated the usefulness of artistic creativity within a therapeutic approach, almost the entire sample answered in the affirmative, with only one person in a negative way.

Finally, on question no. 6, which investigated patients' perceptions of an improvement in themselves as a result of the therapeutic art approach, 9 stated that they had perceived and found improvements, while 8 of them did not see any significant benefits.

5.2 CONCLUSIONS

It is significant to point out that, most of the interviewees, did not know art therapy before entering our therapeutic communities.

However, an artistic "discovery" emerges in them that has allowed them to feel pleasure in carrying out such creative activities, favouring above all the communication of those contents that are not accessible verbally through alternative expressive channels such as art, music, writing, etc...

Many of them were thus able to express thoughts, experiences and emotions through artistic expression regaining a sense of ability and self-esteem. Everyone has in themselves resources that must be stimulated and art therapy performs precisely this function: to believe and be confident in the capacities that we all possess, promoting the knowledge of oneself and one's potential and making possible the integration of all the resources we have in order to live better.

In this regard, most of the sample surveyed believe that artistic creativity can be a useful therapy that brings improvements and benefits to individual well-being and quality of life.

In conclusion, therefore, art therapy performs the function not only of treatment but also of transformation, evolution and growth of the individual.

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